## Case 16-30626 Doc 1 Filed 09/26/16 Entered 09/26/16 18:06:33 Desc Main Document Page 1 of 49

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1:                     | dentify Yourself  |  |   |
|-----|--------------------------|---|--|---|
|     |                          |   | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your                     | full name   |  |   |
|     | Write                    | Write the name that is on your government-issued picture identification (for example, your driver's | Susan                                    |   |
|     | pictur                   |   | First name                               | First name                                    |
| lie |                          | e or passport).   | Middle name                              | Middle name                                   |
|     | Bring                    | your picture  | Bal                                      |   |
|     |                          | fication to your ng with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
|     |                          |   |  |   |
| 2.  |                          | her names you have in the last 8 years  | Susan E Bal                              |   |
|     | Includ                   | le your married or<br>en names.   | Sue Vanderhulst                          |   |
| 3.  | your :<br>numb<br>Indivi | the last 4 digits of<br>Social Security<br>per or federal<br>dual Taxpayer<br>ification number      | xxx-xx-4633                              |   |

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Case number (if known)

Debtor 1 Susan Bal

| About Debtor 1: About Debtor 2 (Spouse   |   |  |  |  |
|--|---|--|--|--|
| About Debtor 1: About Debtor 2 (Spouse   | Only in a Joint Case):  |  |  |  |
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years   | isiness name or EINs.   |  |  |  |
| Include trade names and doing business as names  Business name(s)  Business name(s)  |   |  |  |  |
| EINs   |   |  |  |  |
| 5. Where you live If Debtor 2 lives at a diffe   | erent address:  |  |  |  |
| 562 Byrd Road<br>Riverside, IL 60546   |   |  |  |  |
| Number, Street, City, State & ZIP Code  Number, Street, City, State  | e & ZIP Code  |  |  |  |
| County   | County  |  |  |  |
|  |   |  |  |  |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  If Debtor 2's mailing add in here. Note that the court mailing address. | Iress is different from yours, fill it<br>urt will send any notices to this |  |  |  |
| Number, P.O. Box, Street, City, State & ZIP Code  Number, P.O. Box, Street,  | , City, State & ZIP Code  |  |  |  |
| 5. Why you are choosing Check one:  this district to file for  |   |  |  |  |
| bankruptcy ■ Over the last 180 days before filing this petition. □ Over the last 180 days  | ays before filing this petition, I<br>strict longer than in any other       |  |  |  |
| ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |   |  |  |  |
|  |   |  |  |  |

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Document Case number (if known) Debtor 1 Susan Bal

| Pari  | 2: Tell the Court About   | our Ba  | inkruptcy Ca  | se  |             |                        |                           |                                   |
|-------|---|---|---------------|---|-------------|------------------------|---------------------------|-----------------------------------|
| 7.    | The chapter of the<br>Bankruptcy Code you are<br>choosing to file under   |   |               | rief description of each, see<br>go to the top of page 1 and                                    |             |                        | .C. § 342(b) for Individu | uals Filing for Bankruptcy        |
|       | choosing to file under  | ■ Ch  | apter 7       |   |             |                        |                           |                                   |
|       |   | ☐ Ch  | apter 11      |   |             |                        |                           |                                   |
|       |   | ☐ Ch  | apter 12      |   |             |                        |                           |                                   |
|       |   | ☐ Ch  | apter 13      |   |             |                        |                           |                                   |
|       |   |   |               |   |             |                        |                           |                                   |
| 8.    | How you will pay the fee  | I will pay the entire fee when I file my petition. Please check with the clerk's office in about how you may pay. Typically, if you are paying the fee yourself, you may pay with order. If your attorney is submitting your payment on your behalf, your attorney may pay a pre-printed address. |               |   |             |                        | you may pay with cash     | n, cashier's check, or money      |
|       |   |   | I need to pay | ed to pay the fee in installments. If you choose this option, sign and attach the Application f |             |                        |                           |                                   |
|       |   |   | ū             | e in Installments (Official For   | ,           | de la cardia a cardo d | Constant City of Constant |                                   |
|       |   |   |               | t my fee be waived (You ma<br>uired to, waive your fee, and                                     |             |                        |                           | of the official poverty line that |
|       |   |   |               | ır family size and you are un<br>In to Have the Chapter 7 Filii                                 |             |                        |                           |                                   |
|       |   | •   | ите тррпосио  | The Have the Chapter T Tim  | 19 1 00 W   |                        | in 100b) and me it with   | your polition.                    |
| 9.    | Have you filed for bankruptcy within the last 8 years?  | □ No. ■ Yes   |               |   |             |                        |                           |                                   |
|       | last o years.   | <b>—</b> 103  |               | Northern District of  |             |                        |                           |                                   |
|       |   |   | District      | Illinois  | When        | 6/23/16                | Case number               | 16-20456                          |
|       |   |   | District      |   | When        |                        | Case number               |                                   |
|       |   |   | District      |   | When        |                        | Case number               |                                   |
|       |   |   |               |   |             |                        |                           |                                   |
| 10.   | Are any bankruptcy cases pending or being   | ■ No  |               |   |             |                        |                           |                                   |
|       | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes   | S.            |   |             |                        |                           |                                   |
|       |   |   | Debtor        |   |             |                        | Relationship to y         | ou                                |
|       |   |   | District      |   | When        |                        | Case number, if           | known                             |
|       |   |   | Debtor        |   |             |                        | Relationship to y         | /ou                               |
|       |   |   | District      |   | When        |                        | Case number, if           | known                             |
| 11    | Do you rent your  |   | Go to li      | ne 12   |             |                        |                           |                                   |
| • • • | residence?  | ■ No.   |               |   |             |                        | adda                      | to construct the construction of  |
|       |   | ☐ Yes   |               | ur landlord obtained an evict   | tion judgm  | ent against you a      | na do you want to stay    | in your residence?                |
|       |   |   |               | No. Go to line 12.  |             | ,                      |                           | 4044)                             |
|       |   |   |               | Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.                                      | nt About ar | n Eviction Judgme      | ent Against You (Form     | 1U1A) and file it with this       |

Document Page 4 of 49 Case number (if known) Debtor 1 Susan Bal Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

Debtor 1 Susan Bal Document Page 5 of 49 Case number (if known)

Part 5: E

### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known)

| Deb  | tor 1 Susan Bal  |                          | Document   | Case number  | (if known)  |  |
|------|--|--------------------------|--|--|---|--|
| Part | 6: Answer These Quest  | ions for Re <sub>l</sub> | porting Purposes   |  |   |  |
| 16.  | What kind of debts do you have?                                |                          | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |  |   |  |
|      |  | 1                        | ☐ No. Go to line 16b.  |  |   |  |
|      |  | I                        | Yes. Go to line 17.  |  |   |  |
|      |  |                          |  | ness debts? Business debts are debts ment or through the operation of the bus          |   |  |
|      |  |                          | ☐ No. Go to line 16c.  | · ·  |   |  |
|      |  | I                        | ☐ Yes. Go to line 17.  |  |   |  |
|      |  | 16c.                     | State the type of debts you owe  | e that are not consumer debts or busines   | ss debts  |  |
|      |  | _                        |  |  |   |  |
| 17.  | Are you filing under<br>Chapter 7?                             | □ No.                    | am not filing under Chapter 7.   | Go to line 18.   |   |  |
|      | Do you estimate that after any exempt property is excluded and |                          |  | you estimate that after any exempt propable to distribute to unsecured creditors?      | erty is excluded and administrative expenses?   |  |
|      | administrative expenses  |                          | No   |  |   |  |
|      | are paid that funds will be available for                      |                          | □ Yes  |  |   |  |
|      | distribution to unsecured creditors?                           |                          |  |  |   |  |
| 18.  | How many Creditors do  | <b>■</b> 1-49            |  | □ 1,000-5,000  | □ 25,001-50,000   |  |
|      | you estimate that you owe?                                     | ☐ 50-99                  |  | ☐ 5001-10,000  | ☐ 50,001-100,000  |  |
|      | owe:   | □ 100-199                | Э  | □ 10,001-25,000  | ☐ More than100,000  |  |
|      |  | 200-999                  | 9  |  |   |  |
| 19.  | How much do you  | □ \$0 - \$50             | 0,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |
|      | estimate your assets to be worth?                              |                          | 1 - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |
|      |  |                          | 01 - \$500,000   | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |
|      |  | □ \$500,00               | 01 - \$1 million   | <b>—</b> \$100,000,001 - \$500 million   | More than \$50 billion  |  |
| 20.  | How much do you  | □ \$0 - \$50             | 0,000  | ☐ \$1,000,001 - \$10 million   | ☐ \$500,000,001 - \$1 billion   |  |
|      | estimate your liabilities to be?                               |                          | 1 - \$100,000  | □ \$10,000,001 - \$50 million  | □ \$1,000,000,001 - \$10 billion  |  |
|      |  |                          | 01 - \$500,000   | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million                         | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion                              |  |
|      |  | □ \$500,00               | 01 - \$1 million   | <u> </u>   | More than \$50 billion  |  |
| Part | 7: Sign Below  |                          |  |  |   |  |
| For  | you  | I have exa               | mined this petition, and I declar  | re under penalty of perjury that the inform  | nation provided is true and correct.  |  |
|      |  |                          |  | am aware that I may proceed, if eligible,<br>of available under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7.            |  |
|      |  |                          |  | pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).           | t an attorney to help me fill out this  |  |
|      |  | I request re             | elief in accordance with the cha   | pter of title 11, United States Code, spec   | cified in this petition.  |  |
|      |  | bankruptcy<br>and 3571.  | case can result in fines up to S   | oncealing property, or obtaining money of \$250,000, or imprisonment for up to 20 y    | or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519, |  |
|      |  | /s/ Susar<br>Susan Ba    |  | Signature of Debto   | r 2   |  |
|      |  | Signature                |  | •  |   |  |
|      |  | Executed of              |  | Executed on  | LIDD (NAM)  |  |
|      |  |                          | MM / DD / YYYY   | MM   | I / DD / YYYY   |  |

Debtor 1 Susan Bal Document Page 7 of 49 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ William    | ı Teitelbaum            | Date          | September 26, 2016 |  |
|----------------|-------------------------|---------------|--------------------|--|
| Signature of   | Attorney for Debtor     |               | MM / DD / YYYY     |  |
| William Te     | eitelbaum               |               |                    |  |
| William Te     | eitelbaum               |               |                    |  |
| c/o Donald     | d Leihsker              |               |                    |  |
|                | alle Street, Suite 1230 |               |                    |  |
| Chicago, I     | L 60603                 |               |                    |  |
|                | City, State & ZIP Code  |               |                    |  |
| Contact phone  | 630-202-8405            | Email address | lawbrt@aol.com     |  |
| 6274270        |                         |               |                    |  |
| Bar number & C | tato                    |               | <del></del>        |  |

|                     |                          | 17(1(.1111)       | HILL PAUE O UL 49 |                                     |
|---------------------|--------------------------|-------------------|-------------------|-------------------------------------|
| Fill in this infor  | mation to identify your  | case:             |                   |                                     |
| Debtor 1            | Susan Bal                |                   |                   |                                     |
|                     | First Name               | Middle Name       | Last Name         |                                     |
| Debtor 2            |                          |                   |                   |                                     |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                                     |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                     |
| Case number         |                          |                   |                   |                                     |
| (if known)          |                          |                   |                   | ☐ Check if this is a amended filing |

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|    |  | Your a      | assets<br>of what you own |
|----|--|-------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 397,000.00                |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 5,034.00                  |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 402,034.00                |
| Pa | t 2: Summarize Your Liabilities  |             |                           |
|    |  |             | iabilities<br>nt you owe  |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 342,589.00                |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 28,192.00                 |
|    | Your total liabilities   | \$          | 370,781.00                |
| Pa | t 3: Summarize Your Income and Expenses  |             |                           |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,568.00                  |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,837.00                  |
| Pa | Answer These Questions for Administrative and Statistical Records  |             |                           |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ır other sc | hedules.                  |
| 7. | ■ Yes What kind of debt do you have?   |             |                           |

**Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

\$\_\_\_\_\_\_4,347.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total claim |      |
|--|-------------|------|
| 1 Tolli 1 alt 4 on Schedule L/I , copy the following.  |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                       | Ca   | ase 16-30626                                 | Doc 1                        | Filed 09/26/16<br>Document                     | Entered 09/26/16<br>Page 10 of 49   | 5 18:06:33                          | Desc       | : Main   |
|-----------------------|--|--|------------------------------|--|---|-------------------------------------|------------|--|
| -ill i                | n this inforr                              | mation to identify y                         | your case and th             |  | Paue IV VI 45   |                                     |            |  |
| Debt                  | or 1                                       | Susan Bal                                    |                              |  |   |                                     |            |  |
| <b>Sobt</b>           | ·~ ?                                       | First Name                                   | Middle                       | Name   | Last Name   |                                     |            |  |
|                       | tor 2<br>se, if filing)                    | First Name                                   | Middle                       | Name   | Last Name   |                                     |            |  |
| Jnite                 | ed States Ba                               | inkruptcy Court for t                        | the: NORTHER                 | N DISTRICT OF ILLI                             | NOIS  |                                     |            |  |
| Case                  | e number                                   |  |                              |  |   |                                     |            | Check if this is an  |
|                       |  |  |                              |  |   |                                     | •          | amended filing   |
| SC<br>n eac<br>nink i | hedul<br>th category, s<br>it fits best. B | le as complete and a<br>e space is needed, a | operty escribe items. List a | e. If two married people                       | an asset fits in more than one one are filing together, both are enter top of any additional pages, | equally responsible                 | e for supp | lying correct  |
| Part '                | 1: Describe                                | Each Residence, Bu                           | ilding, Land, or Otl         | her Real Estate You Ov                         | wn or Have an Interest In   |                                     |            |  |
| Do                    | you own or h                               | nave any legal or equ                        | uitable interest in a        | ny residence, building,                        | , land, or similar property?  |                                     |            |  |
|                       | No. Go to Par                              | <del>1</del> 2                               |                              |  |   |                                     |            |  |
| _                     |  | s the property?                              |                              |  |   |                                     |            |  |
|                       |  |  |                              |  |   |                                     |            |  |
|                       |  |  |                              |  |   |                                     |            |  |
| 1.1                   | 562 Byrd I                                 | Poad   |                              | What is the property                           | - ,,,,  |                                     |            |  |
| _                     |  | if available, or other desc                  | ription                      |  | home<br>Iti-unit building<br>n or cooperative   | the amount of any                   | secured cl | s or exemptions. Put laims on Schedule D: Secured by Property. |
| _                     | Riverside                                  | IL   | 60546-0000                   | ☐ Manufactured☐ Land                           | or mobile home  | Current value of t entire property? |            | Current value of the cortion you own?                          |
|                       | City                                       | State  | ZIP Code                     | ☐ Investment pro☐ Timeshare                    | operty  | \$397,000                           | ).00       | \$397,000.00   |
|                       |  |  |                              | ☐ Timeshare ☐ Other                            |   |                                     |            | r ownership interest<br>cy by the entireties, or               |
|                       |  |  |                              |  | t in the property? Check one  | a life estate), if kn               |            | , <b>, .,</b>  |
|                       | Cook                                       |  |                              | Debtor 1 only Debtor 2 only                    |   | -                                   |            |  |
| -                     | County                                     |  |                              | Debtor 1 and                                   |   | - Chack if this                     | !s commi   |  |
|                       |  |  |                              | At least one of                                | of the debtors and another  | (see instructions                   |            | unity property   |
|                       |  |  |                              | Other information your property identification | ou wish to add about this item<br>ion number:   | , such as local                     |            |  |
|                       |  |  |                              |  |   |                                     |            |  |
|                       |  |  |                              |  |   |                                     |            |  |
| 2. <i>F</i>           | Add the doll                               | ar value of the por                          | rtion you own fo             | r all of your entries f                        | from Part 1, including any e  | entries for                         |            | \$397,000.00   |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

|               |                     | Case 16-30626  | Doc 1                      | Filed 09/26/16<br>Document   | Entered 09/26<br>Page 11 of 49 | /16 18:06:33 D              | esc Main  |
|---------------|---------------------|--|----------------------------|--|--------------------------------|-----------------------------|---|
| Debt          | or 1 <u></u>        | Susan Bal  |                            | Boodinent  | Ca                             | ase number (if known)       |   |
| 3. <b>C</b> a | ars, vans           | s, trucks, tractors, spo   | rt utility vehi            | icles, motorcycles   |                                |                             |   |
|               | No                  |  |                            |  |                                |                             |   |
|               | Yes                 |  |                            |  |                                |                             |   |
|               |                     |  |                            |  |                                |                             |   |
| 3.1           | Make:               | Saturn   |                            | Who has an interest in the   | e property? Check one          |                             | claims or exemptions. Put<br>red claims on <i>Schedule D:</i>                     |
|               | Model:              | LS   |                            | Debtor 1 only  |                                |                             | aims Secured by Property.   |
|               | Year:               | 2000   | 00000                      | Debtor 2 only  |                                | Current value of the        | Current value of the  |
|               |                     | imate mileage:   | 82000                      | ☐ Debtor 1 and Debtor 2 of ☐ At least one of the debtor  | •                              | entire property?            | portion you own?  |
|               | Othor II            | monnadon.  |                            | At least one of the debt   | ors and another                |                             |   |
|               |                     |  |                            | Check if this is common (see instructions)   | unity property                 | \$1,475.00                  | \$1,475.00  |
|               |                     |  |                            | for all of your entries fraction at the second seco |                                |                             | \$1,475.00  |
| 6. <b>H</b> c | ou own ouseholo     | or have any legal or ending the same any legal or ending the same and furnishing the same and furnishi | quitable inte<br>gs        | rest in any of the follow  | ing items?                     |                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|               | l No                |  |                            |  |                                |                             |   |
|               | Yes. D              | escribe  |                            |  |                                |                             |   |
|               |                     | house  | hold goods                 | s and furnishings  |                                |                             | \$2,000.00  |
| 8. <b>C</b> c | No Yes. Di No No No | Televisions and radios<br>including cell phones,<br>escribe  | cameras, me                | dia players, games   |                                | rs, scanners; music collect |   |
| E             | xamples.            | t for sports and hobbic<br>Sports, photographic, of<br>musical instruments<br>escribe  | <b>es</b><br>exercise, and | other hobby equipment;   | bicycles, pool tables, gol     | f clubs, skis; canoes and l | kayaks; carpentry tools;  |
| 10 F          | irearms             |  |                            |  |                                |                             |   |
|               |                     | s: Pistols, rifles, shotgur  | ns, ammunitio              | on, and related equipment  | t                              |                             |   |
|               | l Vac D             | osoribo  |                            |  |                                |                             |   |

Document Page 12 of 49 Debtor 1 Case number (if known) Susan Bal 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$300.00 necessary wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ■ No ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,300.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **Forest Park National Bank** \$500.00 17.1. checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☐ No Institution or issuer name: Yes..... 14 shares WFM inc. at \$32.35 \$459.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No

Case 16-30626

Doc 1

Filed 09/26/16

Entered 09/26/16 18:06:33

Desc Main

|    |                          | Case 10-                          | -30020 DUCT   | Document                    | Page 13 of              |   | Desc Main   |
|----|--------------------------|-----------------------------------|---|-----------------------------|-------------------------|---|---|
| D  | ebtor 1                  | Susan Bal                         |   | Document                    |                         | Case number (if known)                      |   |
|    | ☐ Yes. 0                 | Give specific int                 | formation about them<br>Issuer name:                                      |                             |                         |   |   |
| 21 |                          | nent or pensionales: Interests in |   | 01(k), 403(b), thrift savin | ngs accounts, or othe   | r pension or profit-sharing                 | plans   |
|    | ■ Yes. I                 | List each accou                   | unt separately.  Type of account:   | Institution                 | name:                   |   |   |
|    |                          |                                   | 401k  | Fidelity                    |                         |   | \$300.00  |
| 22 | Your sh                  | nare of all unus                  | d prepayments<br>sed deposits you have mate<br>ts with landlords, prepaid |                             |                         | e from a company<br>elecommunications compa | nies, or others   |
|    | ☐ Yes                    |                                   |   | Institution                 | name or individual:     |   |   |
| 23 | . <b>Annuiti</b><br>■ No | es (A contract t                  | for a periodic payment o  | f money to you, either f    | or life or for a numbe  | r of years)                                 |   |
|    | ☐ Yes                    | !s                                | ssuer name and descrip  | tion.                       |                         |   |   |
| 24 | 26 U.S.C                 |                                   | ion IRA, in an account<br>, 529A(b), and 529(b)(1)                        |                             | rogram, or under a      | qualified state tuition pro                 | ogram.  |
|    | ■ No<br>□ Yes            | lı                                | nstitution name and des   | cription. Separately file   | the records of any in   | terests.11 U.S.C. § 521(c)                  | ):  |
| 25 | ■ No                     | •                                 | uture interests in proportion   | erty (other than anyth      | ing listed in line 1),  | and rights or powers ex                     | ercisable for your benefit  |
| 26 | Examp  ■ No              | les: Internet do                  | trademarks, trade secremain names, websites, p                            |                             |                         | nents                                       |   |
|    | ☐ Yes.                   | Give specific in                  | nformation about them   |                             |                         |   |   |
| 27 | Examp  ■ No              | les: Building pe                  | ·   |                             | on holdings, liquor lic | censes, professional licens                 | ses   |
|    | ☐ Yes.                   | Give specific in                  | nformation about them   |                             |                         |   |   |
| M  | oney or p                | property owed                     | l to you?   |                             |                         |   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax ref                | unds owed to                      | you   |                             |                         |   |   |
|    | ■ No<br>□ Yes. 0         | Give specific int                 | formation about them, in  | cluding whether you al      | ready filed the returns | s and the tax years                         |   |
| 29 | ■ No                     |                                   | ,                                   | ousal support, child sup    | port, maintenance, di   | ivorce settlement, property                 | y settlement  |
|    | <b>□</b> 1€5. (          | Oive shariiir iiii                | ioimation   |                             |                         |   |   |
| 30 | Examp                    | les: Unpaid wa                    | eone owes you<br>ges, disability insurance<br>inpaid loans you made to    |                             | nefits, sick pay, vaca  | ation pay, workers' compe                   | ensation, Social Security   |
|    | ■ No<br>□ Yes.           | Give specific in                  | nformation  |                             |                         |   |   |

Official Form 106A/B Schedule A/B: Property page 4

|                      | Case 16-30626  | Doc 1                       |                             |   | Desc Main                  |
|----------------------|--|-----------------------------|-----------------------------|---|----------------------------|
| Debtor 1             | Susan Bal  |                             | Document                    | Page 14 of 49 Case number (if known)                    |                            |
|                      | ts in insurance policies<br>bles: Health, disability, or life  | e insurance; h              | nealth savings account (    | HSA); credit, homeowner's, or renter's insurar          | nce                        |
| ■ No                 | , ,,   | •                           | J ,                         | ,   |                            |
| ☐ Yes.               | Name the insurance compa<br>Comp   | ny of each po<br>pany name: | olicy and list its value.   | Beneficiary:  | Surrender or refund value: |
| If you a someo       | terest in property that is define the beneficiary of a living one has died.  Give specific information |                             |                             | ed<br>surance policy, or are currently entitled to reco | eive property because      |
|                      | against third parties, when the second parties against third parties. Accidents, employment            |                             |                             | it or made a demand for payment<br>to sue               |                            |
| ☐ Yes.               | Describe each claim  |                             |                             |   |                            |
| ■ No                 | contingent and unliquidate  Describe each claim  | ed claims of                | every nature, including     | g counterclaims of the debtor and rights to             | set off claims             |
| 35 Any fin           | nancial assets you did not   | already list                |                             |   |                            |
| ■ No                 | Give specific information  |                             |                             |   |                            |
| 36. Add t            | he dollar value of all of yo   |                             |                             | ny entries for pages you have attached                  | \$1,259.00                 |
| for Pa               | art 4. Write that number he  | ere                         |                             |   |                            |
| Part 5: Des          | scribe Any Business-Related  | Property You                | Own or Have an Interest I   | In. List any real estate in Part 1.                     |                            |
| 37. <b>Do you</b> o  | own or have any legal or equi  | table interest              | in any business-related p   | roperty?  |                            |
| ■ No. Go             | to Part 6.   |                             |                             |   |                            |
| ☐ Yes. G             | Go to line 38.   |                             |                             |   |                            |
|                      | scribe Any Farm- and Comme ou own or have an interest in fa  | _                           |                             | n or Have an Interest In.                               |                            |
|                      | own or have any legal or<br>Go to Part 7.  | equitable in                | terest in any farm- or o    | commercial fishing-related property?                    |                            |
| ☐ Yes                | . Go to line 47.   |                             |                             |   |                            |
| Part 7:              | Describe All Property You C  | Own or Have a               | ın Interest in That You Dic | l Not List Above  |                            |
| <i>Examp</i><br>■ No | have other property of ar<br>bles: Season tickets, country<br>Give specific information                | / club membe                |                             |   |                            |
|                      |  |                             |                             |   |                            |
| 54. Add t            | he dollar value of all of yo   | ur entries fr               | om Part 7. Write that n     | umber here  | \$0.00                     |

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Susan Bal

| Part | 8: List the Totals of Each Part of this Form                 |            |                              |              |
|------|--|------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |            |                              | \$397,000.00 |
| 56.  | Part 2: Total vehicles, line 5                               | \$1,475.00 |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$2,300.00 |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$1,259.00 |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00     |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00     |                              |              |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00     |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$5,034.00 | Copy personal property total | \$5,034.00   |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |            |                              | \$402,034.00 |

Official Form 106A/B Schedule A/B: Property page 6

| Fill in this info   | rmation to identify your | case:             | 111111111111111111111111111111111111111 |  |
|---------------------|--------------------------|-------------------|---|--|
| Debtor 1            | •                        |                   |   |  |
| Debior 1            | Susan Bal                |                   |   |  |
|                     | First Name               | Middle Name       | Last Name                               |  |
| Debtor 2            |                          |                   |   |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name                               |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS                             |  |
| Case number         |                          |                   |   |  |
| (if known)          |                          |                   |   |  |
|                     |                          |                   |   |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Current value of the<br>portion you own | Amount of the exemption you claim  |   | Specific laws that allow exemption   |  |
|---|------------------------------------|---|--|--|
| Copy the value from<br>Schedule A/B     | Che                                | eck only one box for each exemption.                            |  |  |
| \$397,000.00                            |                                    | \$15,000.00   | 735 ILCS 5/12-901  |  |
|   |                                    | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$1,475.00                              |                                    | \$2,400.00  | 735 ILCS 5/12-1001(c)  |  |
|   |                                    | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$2,000.00                              |                                    | \$2,000.00  | 735 ILCS 5/12-1001(b)  |  |
|   |                                    | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$300.00                                | •                                  | \$300.00  | 735 ILCS 5/12-1001(a)  |  |
|   |                                    | 100% of fair market value, up to any applicable statutory limit |  |  |
| \$500.00                                |                                    | \$500.00  | 735 ILCS 5/12-1001(b)  |  |
|   |                                    | 100% of fair market value, up to any applicable statutory limit |  |  |
|   | \$397,000.00 \$1,475.00 \$2,000.00 | \$397,000.00  | \$397,000.00  \$15,000.00  \$15,000.00  \$100% of fair market value, up to any applicable statutory limit  \$2,400.00  \$2,400.00  \$2,400.00  \$2,000.00  \$2,000.00  \$2,000.00  \$2,000.00  \$300.00  \$300.00  \$300.00  \$300.00  \$300.00  \$500.00  \$500.00  \$100% of fair market value, up to any applicable statutory limit |  |

Entered 09/26/16 18:06:33 Document Page 17 of 49 Case number (if known) Debtor 1 Susan Bal Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 14 shares WFM inc. at \$32.35 735 ILCS 5/12-1001(b) \$459.00 \$459.00 Line from Schedule A/B: 18.1 100% of fair market value, up to any applicable statutory limit 401k: Fidelity 735 ILCS 5/12-1006 \$300.00 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Doc 1

Case 16-30626

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 09/26/16

- No
- Yes

Desc Main

|         | Cas                              | 36 10-30020   | Docume Docume  |                         | 2 of 10                         | J 10.00.C         | Desc iv               | ιαπι              |  |
|---------|----------------------------------|---|--|-------------------------|---------------------------------|-------------------|-----------------------|-------------------|--|
| Filli   | in this inform                   | ation to identify you                                 |  | THE PAUL                | 0 (11 4.9                       |                   |                       |                   |  |
| Deb     |                                  |   |  |                         |                                 |                   |                       |                   |  |
| Deb     | IOI I                            | Susan Bal<br>First Name                               | Middle Name  | Last Name               |                                 |                   |                       |                   |  |
| Deb     | tor 2                            |   |  |                         |                                 |                   |                       |                   |  |
| (Spou   | use if, filing)                  | First Name  | Middle Name  | Last Name               |                                 |                   |                       |                   |  |
| Unite   | ed States Ban                    | kruptcy Court for the:                                | NORTHERN DISTRICT  | OF ILLINOIS             |                                 |                   |                       |                   |  |
| Case    | e number                         |   |  |                         |                                 |                   |                       |                   |  |
| (if kno | own)                             |   |  |                         |                                 |                   | ☐ Check if this is an |                   |  |
|         |                                  |   |  |                         |                                 |                   | amend                 | ded filing        |  |
| ∩ffi    | cial Form                        | 106D  |  |                         |                                 |                   |                       |                   |  |
|         |                                  |   | Mha Hava Clai  | ! C                     | al lass Duas                    |                   |                       |                   |  |
| SC      | neaule                           | D: Creditors  | Who Have Cla   | ims Secure              | a by Pro                        | perty             |                       | 12/15             |  |
| s nee   |                                  |   | If two married people are filing<br>out, number the entries, and a                                       |                         |                                 |                   |                       |                   |  |
|         | •                                | nave claims secured by                                | your property?   |                         |                                 |                   |                       |                   |  |
| [       | ☐ No. Check                      | this box and submit th                                | nis form to the court with you   | ur other schedules. '   | ou have nothin                  | g else to repo    | ort on this form.     |                   |  |
| ı       | Yes Fill in                      | all of the information I                              | helow  |                         |                                 |                   |                       |                   |  |
| Part    |                                  | Secured Claims  | 0010111  |                         |                                 |                   |                       |                   |  |
|         |                                  |   |  |                         | Column A                        | Colu              | ımn B                 | Column C          |  |
| for ea  | ach claim. If mo                 | ore than one creditor has                             | more than one secured claim, list the creditor seps a particular claim, list the other creditors in Part |                         | y<br>Amount of o                |                   | ue of collateral      | Unsecured         |  |
| much    | n as possible, lis               | at the claims in alphabetic                           | cal order according to the credit  | or's name.              | Do not deduction value of colla |                   | supports this<br>m    | portion<br>If any |  |
| 2.1     | Bank of Ar                       | merica  | Describe the property that s   | ecures the claim:       | \$342,58                        |                   | \$397,000.00          | \$0.00            |  |
|         | Creditor's Name                  |   | 562 Byrd Road Rivers   | ide, IL 60546           |                                 |                   |                       |                   |  |
|         | -                                | o Kreisman &  | Cook County  |                         |                                 |                   |                       |                   |  |
|         | Associates                       | s<br>kegan Road,                                      | As of the date you file, the o   | laim is: Check all that |                                 |                   |                       |                   |  |
|         | Suite 301                        | togan rtoad,  | apply.   |                         |                                 |                   |                       |                   |  |
|         | Bannockb                         | urn, IL 60015   | ☐ Contingent   |                         |                                 |                   |                       |                   |  |
|         | Number, Street,                  | City, State & Zip Code                                | Unliquidated   |                         |                                 |                   |                       |                   |  |
| \Mha    | owes the del                     | at2 Charle and  | Disputed  Nature of lien. Check all that apply.  |                         |                                 |                   |                       |                   |  |
|         |                                  | Jt: Check one.  | _  |                         |                                 |                   |                       |                   |  |
|         | ebtor 1 only<br>bebtor 2 only    |   | An agreement you made (<br>car loan)   | such as mortgage or s   | ecured                          |                   |                       |                   |  |
| _       | ebtor 2 only<br>Debtor 1 and Del | htor 2 only   | ☐ Statutory lien (such as tax  | lian machaniala lian)   |                                 |                   |                       |                   |  |
|         |                                  | e debtors and another                                 | ☐ Judgment lien from a laws  | ,                       |                                 |                   |                       |                   |  |
|         |                                  | im relates to a                                       | Other (including a right to  |                         |                                 |                   |                       |                   |  |
|         | community deb                    |   | - Other (morading a right to   |                         |                                 |                   |                       |                   |  |
| Date    | debt was incu                    | rred  | Last 4 digits of accou   | ınt number              |                                 |                   |                       |                   |  |
|         |                                  |   |  |                         |                                 |                   |                       |                   |  |
| Δd      | d the dollar val                 | lue of your entries in C                              | olumn A on this page. Write t  | hat number here:        | •                               | 342,589.00        | 1                     |                   |  |
|         |                                  | =   | the dollar value totals from al  |                         |                                 |                   | 1                     |                   |  |
| Wr      | ite that numbe                   | r here:   |  |                         | Φ                               | 342,589.00        | ]                     |                   |  |
| Part    | 2: List Oth                      | ers to Be Notified fo                                 | r a Debt That You Already  | Listed                  |                                 |                   |                       |                   |  |
| Use     | this page only                   | if you have others to be                              | e notified about your bankrup  | otcy for a debt that yo | u already listed in             | n Part 1. For e   | xample, if a collec   | tion agency is    |  |
|         |                                  |   | we to someone else, list the o   |                         |                                 |                   |                       |                   |  |
|         |                                  | or any of the debts that<br>not fill out or submit th | you listed in Part 1, list the a is page.  | uultional creditors he  | re. ir you ao not i             | iave additiona    | ii persons to be n    | ouned for any     |  |
| П       |                                  |   |  |                         |                                 |                   |                       |                   |  |
|         |                                  | er, Street, City, State & 2                           | Zip Code   | On wh                   | ich line in Part 1 d            | lid you enter the | e creditor? 2.1       |                   |  |
|         | PHH Mort<br>1 Mortgag            | -   |  | Last A                  | digits of account r             | numher            |                       |                   |  |
|         |                                  | urel, NJ 08054  |  | Last 4                  | aigita oi account i             | IGITIDEI          |                       |                   |  |
|         |                                  |   |  |                         |                                 |                   |                       |                   |  |

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| Debtor 1        | Susan Bal   |             |           | Case number (if know)  |                   |
|-----------------|---|-------------|-----------|--|-------------------|
|                 | First Name  | Middle Name | Last Name |  |                   |
| Pł<br>c/c<br>21 | Name, Number, Street, City, State & Zip Code PHH Mortgage Corporation c/o Shapiro Kreisman & Associates 2121 Waukegan Road, Ste 301 Bannockburn, IL 60015 |             |           | On which line in Part 1 did you enter  Last 4 digits of account number | the creditor? 2.1 |

|   |  |   | Document  | Page 20 of 49   |  |
|---|--|---|---|---|--|
| Fill in   | this inform  | nation to identify your   | case:   |   |  |
| Debtor  | r 1  | Susan Bal   |   |   |  |
|   |  | First Name  | Middle Name   | Last Name   |  |
| Debtor<br>(Spouse                                   |  | First Name  | Middle Name   | Last Name   |  |
| United  | States Bar   | kruptcy Court for the:  | NORTHERN DISTRICT OF IL   | LINOIS  |  |
| Case r  | number   |   |   |   | Check if this is an amended filing   |
| Sche  | edule E  |   | /ho Have Unsecured  |   | 12/15  |
| any exe<br>Schedu<br>Schedu<br>eft. Atta<br>name ar | cutory contr<br>le G: Execut<br>le D: Credito<br>ach the Cont<br>nd case num | acts or unexpired leases<br>ory Contracts and Unexp<br>ors Who Have Claims Sec<br>inuation Page to this pag<br>aber (if known). | that could result in a claim. Also<br>bired Leases (Official Form 106G). I<br>sured by Property. If more space is<br>ge. If you have no information to re | TY claims and Part 2 for creditors with NONPRIORITY claims executory contracts on Schedule A/B: Property (Offi Do not include any creditors with partially secured claim needed, copy the Part you need, fill it out, number the export in a Part, do not file that Part. On the top of any add | cial Form 106A/B) and on<br>as that are listed in<br>entries in the boxes on the |
| Part 1  |  | of Your PRIORITY Ur   |   |   |  |
| _   | •  | rs have priority unsecure   | ed claims against you?  |   |  |
|   | No. Go to Pa   | art 2.  |   |   |  |
|   | Yes.   |   |   |   |  |
| Part 2  |  | of Your NONPRIORIT  |   |   |  |
| 3. Do   | any credito  | rs have nonpriority unse  | cured claims against you?   |   |  |
|   | No. You hav  | e nothing to report in this p   | part. Submit this form to the court with  | n your other schedules.   |  |
|   | Yes.   |   |   |   |  |
| 4. Lis  | st all of your<br>secured claim  | n, list the creditor separatel  | y for each claim. For each claim lister   | he creditor who holds each claim. If a creditor has more the d, identify what type of claim it is. Do not list claims already in have more than three nonpriority unsecured claims fill out the   | ncluded in Part 1. If more   |
|   |  |   |   |   | Total claim  |
| 4.1   | A/R Con  | cepts   | Last 4 digits of acc  | count number  | \$200.00   |
|   | 33 W. Hi   | Creditor's Name<br>ggins Rd, Suite 715<br>on, IL 60010  | When was the deb  | ot incurred?  |  |
|   | Number St  | reet City State Zlp Code red the debt? Check one.   | As of the date you  | file, the claim is: Check all that apply  |  |
|   | Debtor   |   | ☐ Contingent  |   |  |
|   | ☐ Debtor   | •   | ☐ Unliquidated  |   |  |
|   |  | 1 and Debtor 2 only   | ☐ Disputed  |   |  |
|   | _  | one of the debtors and an   | RITY unsecured claim:   |   |  |
|   |  | if this claim is for a com  |   |   |  |
|   | debt   | n subject to offset?  | illullity   | ing out of a separation agreement or divorce that you did not nims  |  |
|   | ■ No   | -   | <u>-</u> :  | n or profit-sharing plans, and other similar debts  |  |
|   | ☐ Yes  |   | Other. Specify  | Muni Westchester, IL  |  |
|   |  |   |   |   |  |

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| Debto | or 1 Susan Bal   | Case number (if know)   |         |
|-------|--|---|---------|
| 4.2   | Bank of America  | Last 4 digits of account number   | \$0.00  |
|       | Nonpriority Creditor's Name                                  |   | Ψ0.00   |
|       | 100 North Tryon Street                                       | When was the debt incurred?   |         |
|       | Charlotte, NC 28255  |   |         |
|       | Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply                     |         |
|       | Who incurred the debt? Check one.                            |   |         |
|       | ■ Debtor 1 only  | ☐ Contingent  |         |
|       | Debtor 2 only  | ☐ Unliquidated  |         |
|       | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |         |
|       | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |         |
|       | ☐ Check if this claim is for a community                     | ☐ Student loans   |         |
|       | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not |         |
|       | Is the claim subject to offset?                              | report as priority claims   |         |
|       | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts     |         |
|       | ☐ Yes  | Other. Specify notice only  |         |
| 4.3   | Bank of America  | Last 4 digits of account number   | \$0.00  |
|       | Nonpriority Creditor's Name                                  | <del></del>   | •       |
|       | PO Box 15026   | When was the debt incurred?   |         |
|       | Wilmington, DE 19850-5026  Number Street City State Zlp Code | As of the date you file the claim is: Check all that each                       |         |
|       | Who incurred the debt? Check one.                            | As of the date you file, the claim is: Check all that apply                     |         |
|       | Debtor 1 only  | Пол   |         |
|       |  | Contingent  |         |
|       | Debtor 2 only  | Unliquidated  |         |
|       | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |         |
|       | At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:  |         |
|       | ☐ Check if this claim is for a community                     | ☐ Student loans   |         |
|       | debt   | Obligations arising out of a separation agreement or divorce that you did not   |         |
|       | Is the claim subject to offset?                              | report as priority claims   |         |
|       | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts             |         |
|       | Yes  | Other. Specify notice only  |         |
| 4.4   | Bank of America  | Last 4 digits of account number 3635  | Unknown |
|       | Nonpriority Creditor's Name                                  |   |         |
|       | c/o Shapiro Kreisman & Associates                            | When was the debt incurred?   |         |
|       | 2121 Waukegan Road, Suite 301<br>Bannockburn, IL 60015       |   |         |
|       | Number Street City State Zlp Code                            | As of the date you file, the claim is: Check all that apply                     |         |
|       | Who incurred the debt? Check one.                            | •   |         |
|       | Debtor 1 only  | ☐ Contingent  |         |
|       | Debtor 2 only  | ☐ Unliquidated  |         |
|       | Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |         |
|       | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:  |         |
|       |  | Student loans   |         |
|       | ☐ Check if this claim is for a community debt                | ☐ Obligations arising out of a separation agreement or divorce that you did not |         |
|       | Is the claim subject to offset?                              | report as priority claims   |         |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts             |         |
|       | ☐ Yes  |   |         |
|       | □ res  | ■ Other. Specify foreclosure  |         |

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Debtor 1 Susan Bal Case number (if know) 4.5 \$1,200.00 **Capital One Bank** Last 4 digits of account number 6826 Nonpriority Creditor's Name c/o Blitt & Gaines, P.C. When was the debt incurred? 661 Glenn Ave. Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.6 **Capital One Bank** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name PO Box 30253 When was the debt incurred? Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify notice only ☐ Yes 4.7 City of Berwyn Last 4 digits of account number \$200.00 Nonpriority Creditor's Name When was the debt incurred? 6700 W. 26th Street Berwyn, IL 60402 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify tickets

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Debtor 1 Susan Bal Case number (if know) 4.8 \$513.00 **Comcast Cable** Last 4 digits of account number Nonpriority Creditor's Name PO Box 3002 When was the debt incurred? Southeastern, PA 19398 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.9 **Internal Revenue Service** Last 4 digits of account number \$461.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 7346 Philadelphia, PA 19101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 2005 1040 taxes Other. Specify 4.1 **MacNeal Hospital** 6898 \$23,037.00 Last 4 digits of account number Nonpriority Creditor's Name Billing Dept. When was the debt incurred? 3249 S. Oak Park Ave. Berwyn, IL 60402 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical services ☐ Yes

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| Deb      | tor 1 Susan Bal   | Case number (if know)   |                    |
|----------|---|---|--------------------|
| 4.1<br>1 | Mid America Bank  | Last 4 digits of account number   | \$0.00             |
|          | Nonpriority Creditor's Name 502 E Main Street Linn, MO 65051                              | When was the debt incurred?   |                    |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                      | As of the date you file, the claim is: Check all that apply   |                    |
|          | Debtor 1 only   | ☐ Contingent  |                    |
|          | Debtor 2 only   | ☐ Unliquidated  |                    |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                    |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                    |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |                    |
|          | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                    |
|          | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |                    |
|          | ☐ Yes   | Other Specify notice only   |                    |
| 4.1      | Midland Funding   | Last 4 digits of account number   | \$1,710.00         |
| 2        | Nonpriority Creditor's Name c/o Blatt Hasenmiller Leibsker 10 S. LaSalle St., #2200       | When was the debt incurred?   | <b>*</b> 1,1 10100 |
|          | Chicago, IL 60603  Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   |                    |
|          | Debtor 1 only   | ☐ Contingent  |                    |
|          | Debtor 2 only   | ☐ Unliquidated  |                    |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |                    |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                    |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |                    |
|          | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                    |
|          | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                    |
|          | Yes   | Other. Specify Wells Fargo  |                    |
| 4.1<br>3 | Midland Funding   | Last 4 digits of account number 5836  | \$871.00           |
|          | Nonpriority Creditor's Name 8875 Aero Drive Suite 200                                     | When was the debt incurred?   |                    |
|          | San Diego, CA 92123  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |                    |
|          | Debtor 1 only   | ☐ Contingent  |                    |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |                    |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |                    |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                    |
|          | ☐ Check if this claim is for a community debt   | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not           |                    |
|          | Is the claim subject to offset?   | report as priority claims   |                    |
|          | No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |                    |
|          | Πyes  | Other Specific HSBC   |                    |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     |    | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total                 |     |   |     |    |             |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       | 6f. | Student loans   | 6f. | \$ | Total Claim |
| Total claims          |     |   |     | ·  |             |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 28,192.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 28,192.00   |

|   |                         | 12111111          | $\cdots \cdots $ |  |
|---|-------------------------|-------------------|---|--|
| Fill in this infor                      | mation to identify your | case:             |   |  |
| Debtor 1                                | Susan Bal               |                   |   |  |
|   | First Name              | Middle Name       | Last Name   |  |
| Debtor 2                                |                         |                   |   |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS   |  |
| Case number                             |                         |                   |   |  |
| (if known)                              |                         |                   |   |  |
|   |                         |                   |   |  |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the<br>er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | <del>_</del>                            |
| 2.2 |           |              |  |                   |   |
|     | Name      |              |  |                   |   |
|     | Number    | Street       |  |                   |   |
|     | City      |              | State  | ZIP Code          | _                                       |
| 2.3 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.4 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          |   |
| 2.5 |           |              |  |                   |   |
|     | Name      |              |  |                   | _                                       |
|     | Number    | Street       |  |                   | _                                       |
|     | City      |              | State  | ZIP Code          | _                                       |
|     | •         |              |  |                   |   |

|                                |  | Docume  | <u>nt Page 27 d</u>     | NT 49  |   |
|--------------------------------|--|---|-------------------------|--|---|
| Fill in this                   | information to identify your   |   |                         |  |   |
| Debtor 1                       | Susan Bal  |   |                         |  |   |
|                                | First Name   | Middle Name   | Last Name               |  |   |
| Debtor 2<br>(Spouse if, filing | g) First Name  | Middle Name   | Last Name               |  |   |
| United State                   | es Bankruptcy Court for the:   | NORTHERN DISTRICT                                   | OF ILLINOIS             |  |   |
|                                | , ,  |   |                         |  |   |
| Case numb<br>(if known)        | per  |   |                         |  | ☐ Check if this is an   |
|                                |  |   |                         |  | amended filing  |
| Official                       | Form 106H  |   |                         |  |   |
|                                |  | obtoro  |                         |  | 40/45   |
| Schea                          | ule H: Your Cod  | eptors  |                         |  | 12/15   |
|                                | and case number (if known)  you have any codebtors? (If  |   |                         | as a codebtor.                                 | -<br>-  |
| ■ No<br>□ Yes                  |  |   |                         |  |   |
| Arizona<br>                    | a, California, Idaho, Louisiana,   |   |                         |  | ty states and territories include<br>)  |
|                                | Go to line 3.  Did your spouse, former spou  | use, or legal equivalent live                       | e with you at the time? |  |   |
| in line<br>Form 1<br>out Co    | 2 again as a codebtor only i<br>106D), Schedule E/F (Official<br>Ilumn 2.<br>Column 1: Your codebtor | f that person is a guaran<br>Form 106E/F), or Sched | tor or cosigner. Make   | sure you have listed t<br>06G). Use Schedule D | ng with you. List the person shown the creditor on Schedule D (Official , Schedule E/F, or Schedule G to fill editor to whom you owe the debt |
| N                              | lame, Number, Street, City, State and Zi   | P Code  |                         | Check all schedul                              | es that apply:  |
| 3.1                            |  |   |                         | ☐ Schedule D, lir                              | ne  |
|                                | Name   |   |                         | □ Schedule E/F,                                |   |
|                                |  |   |                         | ☐ Schedule G, lir                              | ne  |
|                                | Number Street<br>City  | State   | ZIP Code                |  |   |
| 3.2                            |  |   |                         | ☐ Schedule D, lir                              | ne  |
|                                | Name   |   |                         | □ Schedule E/F,                                |   |
|                                |  |   |                         | ☐ Schedule G, lir                              |   |
|                                | Number Street  |   |                         | _  |   |
| C                              | City   | State   | ZIP Code                |  |   |

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|             | in this information to identify   |                      |                              |   |            |      | •           |                       |                          |                              |          |
|-------------|---|----------------------|------------------------------|---|------------|------|-------------|-----------------------|--------------------------|------------------------------|----------|
|             | in this information to identify btor 1 Susai  |                      | ase.                         |   |            |      |             |                       |                          |                              |          |
|             | otor 2  ouse, if filing)  |                      |                              |   |            |      |             |                       |                          |                              |          |
| Uni         | ted States Bankruptcy Cour  | rt for the           | NORTHERN DISTRIC             | CT OF ILLINOIS                                      |            |      |             |                       |                          |                              |          |
|             | se number<br>nown)  |                      |                              |   |            |      | □ Ai        |                       | ed filing<br>ent showin  | g postpetition               |          |
| 0           | fficial Form 106l   | <u> </u>             |                              |   |            |      | M           | M / DD/ \             | /YYY                     |                              |          |
| S           | chedule I: Your   | r Inco               | ome                          |   |            |      |             |                       |                          |                              | 12/15    |
| spo<br>atta | plying correct information use. If you are separated a ch a separate sheet to this til.  Describe Emplo Fill in your employment | and you<br>s form. ( | r spouse is not filing wi    | th you, do not inclu<br>onal pages, write yo        | ude infor  | mati | on about    | your spo<br>imber (if | ouse. If mo<br>known). A | ore space is<br>Answer every | needed,  |
|             | information.  |                      |                              | Debtor 1  |            |      |             |                       |                          | iling spouse                 |          |
|             | If you have more than one attach a separate page wi information about addition  | ith                  | Employment status            | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |            |      |             | ☐ Empl                | oyed<br>mployed          |                              |          |
|             | employers.  |                      | Occupation                   | floral specialist                                   | t          |      |             |                       |                          |                              |          |
|             | Include part-time, seasons<br>self-employed work.   | al, or               | Employer's name              | Whole Foods   |            |      |             |                       |                          |                              |          |
|             | Occupation may include s or homemaker, if it applies  |                      | Employer's address           | 750 N. Martinga<br>Schaumburg, II                   |            |      |             |                       |                          |                              |          |
|             |   |                      | How long employed the        | here? 6 years                                       | S          |      |             | _                     |                          |                              |          |
| Par         | t 2: Give Details Ab  | out Mon              | thly Income                  |   |            |      |             |                       |                          |                              |          |
|             | mate monthly income as our use unless you are separate  |                      | ate you file this form. If y | you have nothing to I                               | report for | any  | line, write | \$0 in the            | space. Inc               | clude your no                | n-filing |
|             | u or your non-filing spouse<br>e space, attach a separate s   |                      |                              | embine the information                              | on for all | empl | oyers for   | that perso            | on on the li             | nes below. If                | you need |
|             |   |                      |                              |   |            |      | For Deb     | otor 1                |                          | btor 2 or<br>ing spouse      |          |
| 2.          | List monthly gross wage deductions). If not paid m  |                      |                              |   | 2.         | \$   | 3,          | 553.00                | \$                       | N/A                          |          |
| 3.          | Estimate and list month   | ly overti            | me pay.                      |   | 3.         | +\$  |             | 0.00                  | +\$                      | N/A                          |          |
| 4.          | Calculate gross Income.   | . Add lin            | e 2 + line 3.                |   | 4.         | \$   | 3,55        | 3.00                  | \$                       | N/A                          |          |

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| Debt | tor 1         | Susan Bal  | -       |            | Case       | e number (if known) |     |             |             |               |                |
|------|---------------|--|---------|------------|------------|---------------------|-----|-------------|-------------|---------------|----------------|
|      |               |  |         |            | Fo         | or Debtor 1         |     | For Debtor  |             |               |                |
|      | Cop           | y line 4 here  | 4.      |            | \$_        | 3,553.00            |     | \$          | İ           | V/A           |                |
| 5.   | List          | all payroll deductions:  |         |            |            |                     |     |             |             |               |                |
|      | 5a.           | Tax, Medicare, and Social Security deductions  | 5a      | a.         | \$         | 678.00              | ;   | \$          | ı           | N/A           |                |
|      | 5b.           | Mandatory contributions for retirement plans   | 5b      |            | \$         | 0.00                | _   | \$          |             | V/A           |                |
|      | 5c.           | Voluntary contributions for retirement plans   | 50      | <b>)</b> . | \$         | 106.00              | - ; | \$          |             | N/A           |                |
|      | 5d.           | Required repayments of retirement fund loans   | 50      | d.         | \$         | 0.00                | - : | \$          | I           | N/A           |                |
|      | 5e.           | Insurance  | 5e      | €.         | \$         | 85.00               | :   | \$          |             | N/A           |                |
|      | 5f.           | Domestic support obligations   | 5f.     | •          | \$_        | 0.00                | :   | \$          |             | N/A           |                |
|      | 5g.           | Union dues   | 5g      |            | \$_        | 0.00                | _   | \$          |             | N/A           |                |
|      | 5h.           | Other deductions. Specify: emergency fund  | 5h      | 1.+        | \$_        | 5.00                | _   | \$          |             | N/A           |                |
|      |               | life insurance   | _       |            | \$_        | 15.00               | -   | \$          |             | V/A           |                |
|      |               | long term disability   | _       |            | \$_<br>\$  | 18.00               | _   | \$          |             | V/A           |                |
|      |               | short term disability TMSPP  | _       |            | »<br>\$    | 26.00<br>22.00      | -   | \$<br>\$    |             | N/A<br>N/A    |                |
|      |               | Whole Planet Foundation  | _       |            | \$-        | 22.00               | -   | \$          |             | V/A<br>V/A    |                |
|      |               | 401k loan  | _       |            | \$         | 28.00               | -   | \$          |             | V/A           |                |
| 6.   | hhΔ           | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5q+5h.   | _<br>6. |            | \$         | 985.00              | =   | \$<br>\$    |             | V/A           |                |
| 7.   |               | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.      |            | \$ -<br>\$ | 2,568.00            | -   | \$          |             | V/A           |                |
| 8.   |               | all other income regularly received:   |         |            | Ψ_         | 2,300.00            | - ' | <b>–</b>    |             | <b>V</b> /A   |                |
| 0.   | 8a.           | Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                              | 88      | a.         | \$         | 0.00                | ;   | \$          | ı           | N/A           |                |
|      | 8b.           | Interest and dividends   | 8b      | ο.         | \$         | 0.00                | . ; | \$          |             | N/A           |                |
|      | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80      | <b>S</b> . | \$         | 0.00                | -   | \$          |             | N/A           |                |
|      | 8d.           | Unemployment compensation  | 80      |            | \$         | 0.00                | -   | \$          |             | V/A           |                |
|      | 8e.           | Social Security  | 86      | €.         | \$         | 0.00                | _   | \$          |             | V/A           |                |
|      | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f.     |            | \$         | 0.00                | -   | <del></del> |             | N/A           |                |
|      | 8g.           | Pension or retirement income   | 8g      | j.         | \$         | 0.00                |     | \$          |             | V/A           |                |
|      | 8h.           | Other monthly income. Specify:   | 8h      | 1.+        | \$         | 0.00                |     | \$          |             | N/A           |                |
| 9.   | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.      |            | \$_        | 0.00                |     | \$          |             | N/A           |                |
| 10.  |               | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.     | \$_        |            | 2,568.00 + \$       |     | N/A         | = \$        | S             | 2,568.00       |
| 11.  | Inclu<br>othe | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depe    |            |            |                     |     | in Schedule | e J.<br>+\$ |               | 0.00           |
| 12.  |               | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines   |         |            |            |                     |     |             | \$          |               | 2,568.00       |
| 13.  | Do y          | you expect an increase or decrease within the year after you file this form  | ?       |            |            |                     |     |             |             | mbin<br>nthly | ed<br>/ income |
|      |               | No.<br>Yes. Explain:   |         |            |            |                     |     |             |             |               |                |

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| Fill       | in this information to identify your case:  |                          | l             |                   |                               |
|------------|---|--------------------------|---------------|-------------------|-------------------------------|
|            | otor 1 Susan Bal  |                          | Chec          | k if this is:     |                               |
| Deb        | Susan Bai   |                          |               | An amended filing |                               |
|            | otor 2  |                          |               |                   | ving postpetition chapter     |
| (Spo       | ouse, if filing)  |                          |               | 13 expenses as or | the following date:           |
| Unit       | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL   | INOIS                    | _             | MM / DD / YYYY    |                               |
|            | se number   |                          |               |                   |                               |
| (If ki     | (nown)  |                          |               |                   |                               |
| Of         | fficial Form 106J   |                          |               |                   |                               |
| S          | chedule J: Your Expenses  |                          |               |                   | 12/1                          |
| Be<br>info | as complete and accurate as possible. If two married people ormation. If more space is needed, attach another sheet to the mber (if known). Answer every question.                    |                          |               |                   |                               |
| Par<br>1.  | tt 1: Describe Your Household Is this a joint case?   |                          |               |                   |                               |
| ••         | No. Go to line 2.   |                          |               |                   |                               |
|            | ☐ Yes. Does Debtor 2 live in a separate household?  |                          |               |                   |                               |
|            | □ No  |                          |               |                   |                               |
|            | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expens  | ses for Separate House   | ehold of Debt | or 2.             |                               |
| 2.         | Do you have dependents? ☐ No  |                          |               |                   |                               |
|            | Do not list Debtor 1 and Debtor 2. Fill out this information for each dependent   | •                        |               | Dependent's age   | Does dependent live with you? |
|            | Do not state the  |                          |               |                   | □ No                          |
|            | dependents names.   | William Bal              |               | 26                | Yes                           |
|            |   |                          |               |                   | □ No                          |
|            |   |                          |               | · ———             | ☐ Yes<br>☐ No                 |
|            |   |                          |               |                   | □ Yes                         |
|            |   |                          |               |                   | □ No                          |
|            |   |                          |               |                   | ☐ Yes                         |
| 3.         | Do your expenses include expenses of people other than  |                          |               |                   |                               |
|            | yourself and your dependents?   |                          |               |                   |                               |
| Est<br>exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless benses as of a date after the bankruptcy is filed. If this is a sublicable date. |                          |               |                   |                               |
| the        | clude expenses paid for with non-cash government assistance value of such assistance and have included it on Schedule (ficial Form 106I.)   |                          |               | Your exp          | enses                         |
| 4.         | The rental or home ownership expenses for your residence payments and any rent for the ground or lot.   | e. Include first mortgag | e<br>4. \$    |                   | 1,561.00                      |
|            | If not included in line 4:  |                          |               |                   |                               |
|            | 4a. Real estate taxes   |                          | 4a. \$        |                   | 0.00                          |
|            | 4b. Property, homeowner's, or renter's insurance  |                          | 4b. \$        |                   | 0.00                          |
|            | 4c. Home maintenance, repair, and upkeep expenses   |                          | 4c. \$        |                   | 0.00                          |
| _          | 4d. Homeowner's association or condominium dues   |                          | 4d. \$        |                   | 0.00                          |
| 5.         | Additional mortgage payments for your residence, such as  | nome equity loans        | 5. \$         |                   | 0.00                          |

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| Debtor      | <sup>1</sup> Susan E              | Bal  | Case num      | ber (if known)                        |                        |
|-------------|-----------------------------------|--|---------------|---------------------------------------|------------------------|
| 6. <b>U</b> | Itilities:                        |  |               |                                       |                        |
| -           |                                   | , heat, natural gas  | 6a.           | \$                                    | 180.00                 |
|             |                                   | ewer, garbage collection   | 6b.           | \$                                    | 66.00                  |
| _           |                                   | e, cell phone, Internet, satellite, and cable services   | 6c.           | ·                                     | 120.00                 |
|             | d. Other. Sp                      |  | 6d.           | ·                                     | 0.00                   |
| _           |                                   | sekeeping supplies   | 7.            | ·                                     | 660.00                 |
|             |                                   | children's education costs   | 7.<br>8.      | \$                                    |                        |
| _           |                                   |  | 9.            | ·                                     | 0.00                   |
|             | -                                 | dry, and dry cleaning  |               | \$                                    | 0.00                   |
|             |                                   | products and services  | 10.           | ·                                     | 0.00                   |
|             |                                   | ental expenses   | 11.           | \$                                    | 0.00                   |
|             | ransportation<br>to not include o | i. Include gas, maintenance, bus or train fare.  | 12.           | \$                                    | 200.00                 |
|             |                                   | clubs, recreation, newspapers, magazines, and books  | 13.           | \$                                    | 0.00                   |
|             |                                   | tributions and religious donations   | 14.           | · -                                   | 0.00                   |
|             | nantable con<br>isurance.         | unbattono ana rengious aonations   | 14.           | Ψ                                     | <u> </u>               |
|             |                                   | nsurance deducted from your pay or included in lines 4 or 20.  |               |                                       |                        |
|             | 5a. Life insur                    |  | 15a.          | \$                                    | 0.00                   |
|             | 5b. Health ins                    |  | 15b.          | ·                                     | 0.00                   |
|             | 5c. Vehicle ir                    |  | 15c.          | ·                                     | 50.00                  |
|             |                                   | urance. Specify:   | 15d.          |                                       |                        |
|             |                                   | nclude taxes deducted from your pay or included in lines 4 or 20.  | 130.          | Ψ                                     | 0.00                   |
| _           | axes. Do not it<br>specify:       | notique taxes deducted from your pay of included in lines 4 of 20.   | 16.           | \$                                    | 0.00                   |
|             |                                   | lease payments:  |               | · ·                                   | 3.00                   |
| 1           | 7a. Car paym                      | nents for Vehicle 1  | 17a.          | \$                                    | 0.00                   |
| 1           | 7b. Car paym                      | nents for Vehicle 2  | 17b.          | \$                                    | 0.00                   |
|             | 7c. Other. Sp                     |  | 17c.          | \$                                    | 0.00                   |
|             | 7d. Other. Sp                     | ·  | 17d.          | · · · · · · · · · · · · · · · · · · · | 0.00                   |
|             |                                   | s of alimony, maintenance, and support that you did not report as  |               |                                       |                        |
|             |                                   | your pay on line 5, Schedule I, Your Income (Official Form 106I).  | 18.           | \$                                    | 0.00                   |
| 9. <b>O</b> | ther payment                      | s you make to support others who do not live with you.   |               | \$                                    | 0.00                   |
| S           | pecify:                           |  | 19.           | -                                     |                        |
|             |                                   | perty expenses not included in lines 4 or 5 of this form or on Sche  |               |                                       |                        |
| 2           | <ol><li>0a. Mortgage</li></ol>    | s on other property  | 20a.          | \$                                    | 0.00                   |
| 2           | <ol><li>Real esta</li></ol>       | ite taxes  | 20b.          | \$                                    | 0.00                   |
| 2           | 0c. Property,                     | homeowner's, or renter's insurance   | 20c.          | \$                                    | 0.00                   |
| 2           | 0d. Maintena                      | nce, repair, and upkeep expenses   | 20d.          | \$                                    | 0.00                   |
|             |                                   | ner's association or condominium dues  | 20e.          | \$                                    | 0.00                   |
| ı. o        | ther: Specify:                    |  | 21.           | +\$                                   | 0.00                   |
|             |                                   |  |               | * *                                   | 0.00                   |
|             | •                                 | monthly expenses   |               |                                       |                        |
|             | 2a. Add lines 4                   | <u> </u>   |               | \$                                    | 2,837.00               |
| 2           | 2b. Copy line 2                   | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |               | \$                                    |                        |
| 2           | 2c. Add line 22                   | 2a and 22b. The result is your monthly expenses.   |               | \$                                    | 2,837.00               |
|             |                                   |  |               |                                       |                        |
|             | •                                 | monthly net income.  |               | •                                     |                        |
|             |                                   | 12 (your combined monthly income) from Schedule I.   | 23a.          |                                       | 2,568.00               |
| 2           | 3b. Copy you                      | r monthly expenses from line 22c above.  | 23b.          | -\$                                   | 2,837.00               |
| 2           | 3c Subtracts                      | your monthly expenses from your monthly income.  |               |                                       |                        |
| 2           |                                   | t is your <i>monthly net income</i> .  | 23c.          | \$                                    | -269.00                |
|             |                                   | •  |               |                                       |                        |
|             |                                   | an increase or decrease in your expenses within the year after your expenses to finish paying for your earliest within the year of do you expent you |               |                                       | or doorooo becous      |
|             |                                   | you expect to finish paying for your car loan within the year or do you expect you<br>terms of your mortgage?  | i inortgage į | payment to increase                   | or decrease because of |
|             |                                   | , terms or your mortgage:  |               |                                       |                        |
|             | No.                               | E  |               |                                       |                        |
|             | ☐ Yes.                            | Explain here:  |               |                                       |                        |

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| Fill in this info               | rmation to identify your  | case:                       |                          |                        |                                      |
|---------------------------------|---------------------------|-----------------------------|--------------------------|------------------------|--------------------------------------|
| Debtor 1                        | Susan Bal                 |                             |                          |                        |                                      |
|                                 | First Name                | Middle Name                 | Last Name                |                        |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name                | Middle Name                 | Last Name                |                        |                                      |
| (Spouse II, IIIIIIg)            | First Name                | Middle Name                 | Last Name                |                        |                                      |
| United States E                 | Bankruptcy Court for the: | NORTHERN DISTRICT           | OF ILLINOIS              |                        |                                      |
| Case number                     |                           |                             |                          |                        |                                      |
| (if known)                      |                           |                             |                          |                        | ☐ Check if this is an                |
|                                 |                           |                             |                          |                        | amended filing                       |
|                                 |                           |                             |                          |                        |                                      |
| Official For                    | m 100Dee                  |                             |                          |                        |                                      |
|                                 | <u>rm 106Dec</u>          |                             |                          |                        |                                      |
| Declara                         | ition About a             | an Individual               | Debtor's So              | chedules               | 12/15                                |
|                                 |                           |                             |                          |                        |                                      |
| If two married p                | people are filing togethe | er, both are equally respor | nsible for supplying co  | rrect information.     |                                      |
| You must file th                | his form whenever you t   | ile bankruptcy schedules    | or amended schedules     | s. Making a false stat | ement, concealing property, or       |
|                                 |                           |                             | ruptcy case can result   | in fines up to \$250,0 | 00, or imprisonment for up to 20     |
| years, or both.                 | 18 U.S.C. §§ 152, 1341,   | 1519, and 3571.             |                          |                        |                                      |
|                                 |                           |                             |                          |                        |                                      |
| Si                              | gn Below                  |                             |                          |                        |                                      |
|                                 |                           |                             |                          |                        |                                      |
| Did you p                       | ay or agree to pay some   | eone who is NOT an attorr   | ney to help you fill out | bankruptcy forms?      |                                      |
|                                 |                           |                             |                          |                        |                                      |
| ■ No                            |                           |                             |                          |                        |                                      |
| ☐ Yes.                          | Name of person            |                             |                          |                        | kruptcy Petition Preparer's Notice,  |
|                                 |                           |                             |                          | Declaration            | n, and Signature (Official Form 119) |
|                                 |                           |                             |                          |                        |                                      |
|                                 |                           | that I have read the sumr   | mary and schedules file  | ed with this declarati | on and                               |
| that they a                     | are true and correct.     |                             |                          |                        |                                      |
| X /s/ Su                        | ısan Bal                  |                             | X                        |                        |                                      |
| Susa                            |                           |                             | Signature o              | f Debtor 2             |                                      |
| Signat                          | ure of Debtor 1           |                             |                          |                        |                                      |

Date

Date September 26, 2016

|                                    | the district of a mark                        |                                 |   |   |  |   |
|------------------------------------|---|---------------------------------|---|---|--|---|
| _                                  |   | nation to identify you          | case:   |   |  |   |
| De                                 | btor 1  | Susan Bal First Name            | Middle Name   | Last Name   |  |   |
| De                                 | btor 2  |                                 |   |   |  |   |
| (Sp                                | ouse if, filing)                              | First Name                      | Middle Name   | Last Name   |  |   |
| Un                                 | ited States Bar                               | kruptcy Court for the:          | NORTHERN DISTRICT   | OF ILLINOIS   |  |   |
|                                    | se number                                     |                                 |   |   | _  | Check if this is an                                   |
| St                                 |   | of Financial                    | Affairs for Individ   |   | Bankruptcy   | 4/16  |
| info                               | rmation. If m                                 |                                 | attach a separate sheet to  |   | equally responsible for sup<br>y additional pages, write yo      |   |
| Pa                                 | rt 1: Give D                                  | etails About Your Ma            | rital Status and Where You  | Lived Before  |  |   |
| 1.                                 | What is your                                  | current marital statu           | ıs?   |   |  |   |
|                                    | <ul><li>☐ Married</li><li>■ Not mar</li></ul> | ried                            |   |   |  |   |
| 2.                                 | During the la                                 | st 3 vears. have vou            | lived anywhere other than   | where you live now?                                   |  |   |
|                                    | ■ No □ Yes. List                              | t all of the places you l       | ived in the last 3 years. Do n  | ot include where you live nov                         | v.   |   |
|                                    | Debtor 1 Pri                                  | or Address:                     | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | ddress:  | Dates Debtor 2 lived there                            |
| <b>3.</b><br>stat                  |   |                                 |   |   | nity property state or territor<br>tico, Texas, Washington and V |   |
|                                    | ■ No  |                                 |   |   |  |   |
|                                    |   | ke sure you fill out <i>Scl</i> | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |  |   |
| Pa                                 | rt 2 Explain                                  | n the Sources of You            | r Income  |   |  |   |
| 4.                                 | Fill in the tota                              | I amount of income yo           | nployment or from operatir<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part                        |  | ndar years?   |
|                                    | □ No  |                                 |   |   |  |   |
|                                    | Yes. Fill                                     | in the details.                 |   |   |  |   |
|                                    |   |                                 | Debtor 1  |   | Debtor 2   |   |
|                                    |   |                                 | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                       | Gross income<br>(before deductions<br>and exclusions) |
| the date you filed for hankruntey. |   |                                 | ■ Wages, commissions, bonuses, tips   | \$38,326.00   | ☐ Wages, commissions, bonuses, tips                              |   |
|                                    |   |                                 | ☐ Operating a business  |   | ☐ Operating a business   |   |

Official Form 107

Page 34 of 49 Case number (if known) Document Debtor 1 Susan Bal Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$53,200.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$45,740.00 ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) For last calendar year: pension \$1,750.00 (January 1 to December 31, 2015) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?  $\square$  No. Go to line 7. □ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

Creditor's Name and Address

No.

Go to line 7.

attorney for this bankruptcy case.

Dates of payment

Total amount paid

List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

> Amount you still owe

Was this payment for ...

Case 16-30626 Doc 1 Filed 09/26/16 Entered 09/26/16 18:06:33 Desc Main Page 35 of 49 Document Case number (if known) Debtor 1 Susan Bal Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Capital One Bank v. Susan E Bal contract Circuit Ct Cook County Pending 09 M1 2068269 Markham □ On appeal Clerk's Office ☐ Concluded 16501 S Kedzie Ave Markham, IL 60428 judgment Bank of America v. William F Bal, foreclosure **Circuit Court of Cook** Pending Susan E Bal County, IL □ On appeal 10 CH 13635 50 W Washington St. □ Concluded Chicago, IL 60602 judgment 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the Describe the Property Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your

Describe the action the creditor took

Amount

Yes. Fill in the details.Creditor Name and Address

accounts or refuse to make a payment because you owed a debt?

**Date action was** 

taken

Case 16-30626 Doc 1 Filed 09/26/16 Entered 09/26/16 18:06:33 Desc Main Page 36 of 49 Case number (if known) Document Debtor 1 Susan Bal 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. п Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment **Address** transferred or transfer was Email or website address made Person Who Made the Payment, if Not You \$3,000.00 William Teitelbaum **Attorney Fees** June 2016 c/o Donald Leibsker 10 S. LaSalle Street, Suite 1230 Chicago, IL 60603

lawbrt@aol.com

Bill Bal

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Debtor 1 Susan Bal

| Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date mad  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access  to it?  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  |  | <ul> <li>Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer are promised to help you deal with your creditors or to make payments to your creditors?</li> <li>Do not include any payment or transfer that you listed on line 16.</li> </ul> |   |   |   |                    |     |  |  |
|--|--|--|---|---|---|--------------------|-----|--|--|
| Address transferred was made and transferred was made and transfer was made and transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.    No   |  |  |   |   |   |                    |     |  |  |
| transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your proper include gifts and transfers that you have already listed on this statement.  No Yes, Fill in the details.  Person Who Received Transfer Address Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.)  No Yes, Fill in the details.  Name of trust  Description and value of the property transferred  Date mad  Person Who Received Transfer Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes, Fill in the details. | or transfer was payment  | l value of any pi  |   |   |   |                    |     |  |  |
| Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date mad  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access  to it?  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  |  | ffairs?<br>s the granting of   | usiness or financial af<br>ide as security (such as | course of your busiers and transfers made           | transferred in the ordina<br>Include both outright trans<br>Include gifts and transfers  No | tra<br>Indi<br>ind |     |  |  |
| Address Person's relationship to you  19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date mad  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred?  Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution  Address (Number, Street, City, State and ZIP Code)  Who else had access to it?  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility  Address (Number, Street, City, State and ZIP Code)  Who else has or had access  to it?  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | Describe any property or Date transfer was                     | l value of   | Description and                                     | ansfor  |   | D                  |     |  |  |
| 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.)  No  | payments received or debts made                                |  |   |   | Address   | A                  |     |  |  |
| beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details.  Name of trust  Description and value of the property transferred  Date mad  Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and 2IP account number account number account number account or instrument account was closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and 2IP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Poscribe the contents before you filed for bankruptcy?  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  |  |  |   | you   | i croon o relationomp to  | •                  |     |  |  |
| Eart 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | y to a self-settled trust or similar device of which you are a | any property to  |   |   | beneficiary? (These are of No   | be                 | 19. |  |  |
| Eart 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units  20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | e property transferred Date Transfer was                       | l value of the or  | Description and                                     |   | Name of trust   | N                  |     |  |  |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your be sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | made   | raido or tiro pr   | Dood i pilon ana                                    |   | rianio or indoc   |                    |     |  |  |
| sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unior houses, pension funds, cooperatives, associations, and other financial institutions.  No Yes. Fill in the details.  Name of Financial Institution and Address (Number, Street, City, State and ZIP account number account number account number account or instrument account was closed, sold, moved, or transferred.  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access Describe the contents Do haddress (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  | nd Storage Units   | sit Boxes, and S   | truments, Safe Depos                                | ncial Accounts, Instru                              | 8: List of Certain Fina   | Part 8             | Pa  |  |  |
| Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  Last 4 digits of account or instrument  Type of account or instrument  Date account was closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Describe the contents  Do Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | icates of deposit; shares in banks, credit unions, brokerage   | unts; certificate  | r other financial acco                              | d?<br>s, money market, or c<br>poperatives, associa | sold, moved, or transferd<br>Include checking, saving<br>houses, pension funds, on<br>No    | In<br>ho           | 20. |  |  |
| Address (Number, Street, City, State and ZIP account number instrument closed, sold, moved, or transferred  21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No Yes. Fill in the details.  No Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | Deta consumt was   | T of oos   | Last 4 dimits of                                    |   |   | _                  |     |  |  |
| No ☐ Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  No ☐ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No ☐ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Pescribe the contents Describe the contents  Describe the contents  Describe the contents  Describe the contents  Describe the contents  Address (Number, Street, City, State and ZIP Code)   | ent closed, sold, before closing or moved, or transfer         |  |   |   | Address (Number, Street, Cit  | Α                  |     |  |  |
| ☐ Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  Part of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else had access to it? Address (Number, Street, City, State and ZIP Code)  No ☐ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)  Address (Number, Street, City, State and ZIP Code)  | cy, any safe deposit box or other depository for securities,   | or bankruptcy, a   | ear before you filed fo                             | ou have within 1 yea                                |   |                    | 21. |  |  |
| Address (Number, Street, City, State and ZIP Code)   |  |  |   | <b>.</b>  | _   |                    |     |  |  |
| ■ No □ Yes. Fill in the details.  Name of Storage Facility Address (Number, Street, City, State and ZIP Code)  Who else has or had access to it? Address (Number, Street, City, Address (Number, Street, City,   | Describe the contents  Do you still have it?                   |  | Address (Number,                                    |   |   |                    |     |  |  |
| Address (Number, Street, City, State and ZIP Code) to it? Address (Number, Street, City,   | thin 1 year before you filed for bankruptcy?                   | ur home within   |   |   | ■ No  | _                  | 22. |  |  |
| State and LIF Gode)  | Describe the contents  Do you still have it?                   |  | to it?  | , State and ZIP Code)                               |   |                    |     |  |  |

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Case number (if known) Document

Debtor 1 Susan Bal

| Par | t 9: Identify Property You Hold or Control for   | Someone Else  |                                       |                    |  |  |
|-----|--|---|---------------------------------------|--------------------|--|--|
| 23. | <ol><li>Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust<br/>for someone.</li></ol>   |   |                                       |                    |  |  |
|     | ■ No   |   |                                       |                    |  |  |
|     | Yes. Fill in the details.  |   |                                       |                    |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)   | Describe the property                 | Value              |  |  |
| Par | t 10: Give Details About Environmental Information   | ation   |                                       |                    |  |  |
| For | the purpose of Part 10, the following definitions  | apply:  |                                       |                    |  |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul   | ir, land, soil, surface water, groun                                      | - ·                                   |                    |  |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | sites.  |                                       | •                  |  |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |   | s waste, hazardous substance, toxi    | c substance,       |  |  |
| Rep | ort all notices, releases, and proceedings that ye   | ou know about, regardless of whe  | n they occurred.                      |                    |  |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | e under or in violation of an environ | mental law?        |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                    |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice     |  |  |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?  |                                       |                    |  |  |
|     | ■ No □ Yes. Fill in the details.   |   |                                       |                    |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it     | Date of notice     |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any env   | rironmental law? Include settlement   | s and orders.      |  |  |
|     | ■ No   |   |                                       |                    |  |  |
|     | Yes. Fill in the details.  |   |                                       |                    |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                    | Status of the case |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business  |                                       |                    |  |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have a  | ny of the following connections to a  | any business?      |  |  |
|     | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time |   |                                       |                    |  |  |
|     | ☐ A member of a limited liability company  |   | •                                     |                    |  |  |
|     | ☐ A partner in a partnership   | ,                                   | ,                                     |                    |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |   |                                       |                    |  |  |
|     | ☐ An owner of at least 5% of the voting or   |   | ı                                     |                    |  |  |

Case 16-30626 Doc 1 Filed 09/26/16 Entered 09/26/16 18:06:33 Page 39 of 49 Case number (if known) Document Debtor 1 Susan Bal No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Susan Bal Signature of Debtor 2 Susan Bal Signature of Debtor 1 Date September 26, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person

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| Debtor 1            | Susan Bal                |                   |                   |                                   |      |
|---------------------|--------------------------|-------------------|-------------------|-----------------------------------|------|
|                     | First Name               | Middle Name       | Last Name         |                                   |      |
| Debtor 2            |                          |                   |                   |                                   |      |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name         |                                   |      |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS       |                                   |      |
| Case number         |                          |                   |                   |                                   |      |
| (if known)          |                          |                   |                   | ☐ Check if this is amended filing |      |
|                     |                          |                   |                   |                                   |      |
| Official Fo         | orm 108                  |                   |                   |                                   |      |
| Official Fo         |                          | n for Individu    | uals Filing Under | Chapter 7                         | 12/1 |
|                     |                          | n for Individu    | uals Filing Under | Chapter 7                         | 12/1 |

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

sign and date the form.

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt?    | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | Retain the property and redeem it.                                 |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | Retain the property and enter into a<br>Reaffirmation Agreement.   | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |
| name:   | ☐ Retain the property and redeem it.                               |  |
| Description of  | ☐ Retain the property and enter into a<br>Reaffirmation Agreement. | ☐ Yes  |
| property  | ☐ Retain the property and [explain]:                               |  |
| securing debt:  |  |  |
| Creditor's  | ☐ Surrender the property.  | □ No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1                               | Susan Bal  | Case number (if known)   |                                   |
|--|--|--|-----------------------------------|
| name:  Descrip  propert  securin       | у  | <ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul>  | ☐ Yes                             |
| or any ui                              | rmation below. Do not list real est  | perty Leases that you listed in Schedule G: Executory Contracts and Unexpire ate leases. Unexpired leases are leases that are still in effect; the operty lease if the trustee does not assume it. 11 U.S.C. § 365(p)( | e lease period has not yet ended. |
| Describe                               | your unexpired personal property   | leases   | Will the lease be assumed?        |
| Lessor's r<br>Descriptic<br>Property:  | name:<br>n of leased   |  | □ No □ Yes                        |
| Lessor's r<br>Descriptic<br>Property:  | name:<br>on of leased  |  | □ No □ Yes                        |
| Lessor's r<br>Descriptic<br>Property:  | name:<br>on of leased  |  | □ No □ Yes                        |
| Lessor's r<br>Description<br>Property: | name:<br>on of leased  |  | □ No □ Yes                        |
| Lessor's r<br>Description<br>Property: | name:<br>on of leased  |  | □ No □ Yes                        |
| Lessor's r<br>Description<br>Property: | name:<br>n of leased   |  | □ No □ Yes                        |
| Lessor's r<br>Description<br>Property: | name:<br>on of leased  |  | □ No □ Yes                        |
| -                                      | Sign Below   |  |                                   |
|  | nalty of perjury, I declare that I have<br>hat is subject to an unexpired leas | e indicated my intention about any property of my estate that se<br>se.  | cures a debt and any personal     |
| Sus                                    | Susan Bal<br>an Bal<br>ature of Debtor 1                                       | XSignature of Debtor 2   |                                   |
| Date                                   | Sentember 26, 2016   | Date   |                                   |

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7:  | Liquidation        |
|--------|-------|--------------------|
|        | \$245 | filing fee         |
|        | \$75  | administrative fee |
| +      | \$15  | trustee surcharge  |
|        | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-30626 Doc 1 Filed 09/26/16 Entered 09/26/16 18:06:33 Desc Main Document Page 46 of 49

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

| In re | Susan Bal  |   | Case No.  |                                    |  |
|-------|--|---|---|------------------------------------|--|
|       |  | Debtor(s)   | Chapter   | 7                                  |  |
|       | DISCLOSURE OF COMP   | PENSATION OF ATTOI  | RNEY FOR DI   | EBTOR(S)                           |  |
|       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the feet be rendered on behalf of the debtor(s) in contemplation   | filing of the petition in bankruptcy,   | or agreed to be paid  | to me, for services rendered or to |  |
|       | For legal services, I have agreed to accept  |   | \$  | 0.00                               |  |
|       | Prior to the filing of this statement I have receive   |   |   | 0.00                               |  |
|       | Balance Due  |   |   | 0.00                               |  |
| 2.    | The source of the compensation paid to me was:   |   |   |                                    |  |
|       | ■ Debtor □ Other (specify):  |   |   |                                    |  |
| 3.    | The source of compensation to be paid to me is:  |   |   |                                    |  |
|       | ■ Debtor □ Other (specify):  |   |   |                                    |  |
| 4.    | ■ I have not agreed to share the above-disclosed co  | ompensation with any other person   | unless they are mem   | bers and associates of my law firm |  |
|       | ☐ I have agreed to share the above-disclosed competopy of the agreement, together with a list of the   |   |   |                                    |  |
| 5.    | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |   |   |                                    |  |
| 1     | <ul> <li>a. Analysis of the debtor's financial situation, and re</li> <li>b. Preparation and filing of any petition, schedules, sc.</li> <li>c. Representation of the debtor at the meeting of cred</li> <li>d. [Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the secured creditors of the secured cred</li></ul> | statement of affairs and plan which<br>ditors and confirmation hearing, ar<br>to reduce to market value; exe<br>ations as needed; preparation | n may be required; and any adjourned hea  emption planning; | rings thereof;                     |  |
| 5.    | By agreement with the debtor(s), the above-disclosed   | I fee does not include the following  | g service:  |                                    |  |
|       |  | CERTIFICATION   |   |                                    |  |
|       | I certify that the foregoing is a complete statement of pankruptcy proceeding.   | any agreement or arrangement for  | payment to me for r   | epresentation of the debtor(s) in  |  |
| S     | september 26, 2016   | /s/ William Teitell   |   |                                    |  |
| D     | Date (   | William Teitelbau   |   |                                    |  |
|       |  | Signature of Attorne<br>William Teitelbau   |   |                                    |  |
|       |  | c/o Donald Leibs  |   |                                    |  |
|       |  | 10 S. LaSalle Stre<br>Chicago, IL 60603   |   |                                    |  |
|       |  | 630-202-8405 Fa   |   |                                    |  |

Name of law firm

### **United States Bankruptcy Court** Northern District of Illinois

| In re | Susan Bal                                  |   | Case No.        |                           |
|-------|--|---|-----------------|---------------------------|
|       |  | Debtor(s)                                   | Chapter         | 7                         |
|       | VE   | RIFICATION OF CREDITOR M                    | ATRIX           |                           |
|       |  | Number of                                   | Creditors:      | 15                        |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor   | ors is true and | correct to the best of my |
| Date: | September 26, 2016                         | /s/ Susan Bal Susan Bal Signature of Debtor |                 |                           |

A/R Concepts 33 W. Higgins Rd, Suite 715 Barrington, IL 60010

Bank of America c/o Shapiro Kreisman & Associates 2121 Waukegan Road, Suite 301 Bannockburn, IL 60015

Bank of America 100 North Tryon Street Charlotte, NC 28255

Bank of America PO Box 15026 Wilmington, DE 19850-5026

Capital One Bank c/o Blitt & Gaines, P.C. 661 Glenn Ave. Wheeling, IL 60090

Capital One Bank PO Box 30253 Salt Lake City, UT 84130

City of Berwyn 6700 W. 26th Street Berwyn, IL 60402

Comcast Cable PO Box 3002 Southeastern, PA 19398

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101

MacNeal Hospital Billing Dept. 3249 S. Oak Park Ave. Berwyn, IL 60402 Mid America Bank 502 E Main Street Linn, MO 65051

Midland Funding c/o Blatt Hasenmiller Leibsker 10 S. LaSalle St., #2200 Chicago, IL 60603

Midland Funding 8875 Aero Drive Suite 200 San Diego, CA 92123

PHH Mortgage 1 Mortgage Way Mount Laurel, NJ 08054

PHH Mortgage Corporation c/o Shapiro Kreisman & Associates 2121 Waukegan Road, Ste 301 Bannockburn, IL 60015